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ALASKA.

Measles and whooping cough were reported December 6 to be prevalent in Ketchikan and at Metlakahtla, an Indian village south of Ketchikan, Alaska.

HOW THE UNITED STATES PUBLIC HEALTH SERVICE CAN HELP IN THE ERADICATION OF PREVENTABLE DISEASES IN KENTUCKY.

By JOSEPH GOLDBERGER, Passed Assistant Surgeon, United States Public Health Service.

[A paper read by invitation at the meeting of the Kentucky State Medical Association, Louisville, Ky., Oct. 30, 1912.]

The subject originally assigned to me by your secretary for discussion was "How the United States Public Health Service can help in the investigation of preventable diseases in Kentucky." I have thought, however, that it might lead to a more profitable discussion to broaden the scope of the subject by amending it to read "How the United States Public Health Service can help in the eradication of preventable diseases in Kentucky."

Recent agitation for the creation of a much to be desired Federal department of health has served to bring out that there exists a very widespread misconception as to the power and authority of the Federal Government to act in the prevention and eradication of disease. This is well shown by the following story which has been widely quoted: A mother in Indiana whose child was dying of tuberculosis, is said to have telegraphed in vain to Washington for aid. Not long after this, cholera developed in a herd of a neighbor's hogs, and on telegraphic request, so the account runs, the Federal authorities at once sent an expert in the treatment and prevention of hog cholera. The moral of course seems obvious: "Be a hog." The story is an interesting one, but like so many interesting stories, it makes its point at the expense of the truth. It well emphasizes the keen interest of the Government in animal industry, but it is decidedly misleading as to the Government's interest in human life.

The Government, through the Bureau of Animal Industry of the Department of Agriculture, is prepared, as it should be, to combat contagious diseases in animals, but no more so than it is, through the United States Public Health Service, to combat those of man. The Bureau of Animal Industry attempts to control hog cholera, Texas fever, foot-and-mouth disease, and the like; but it does not undertake to treat individual cases of tuberculosis or pneumonia in cattle. In the same way the Federal Public Health Service is prepared to respond to any request for aid in the suppression and eradication of such epidemic diseases as Asiatic cholera, bubonic plague, typhoid fever, cerebrospinal meningitis, and infantile paralysis, but it does not and can not undertake to treat individual sufferers from these diseases.

The treatment of the individual must be left where it belongs—in the hands of the family doctor. The sanitary officer deals not with individuals, but with communities of individuals, and this applies with peculiar force to the Federal officers in a Government like ours.

It is well to understand in the very beginning that there are some things the Federal Government can not do, however desirable it might be that it should do them. It would, for instance, be exceedingly desirable to have uniform marriage laws; the extreme importance of a uniform system of registration of vital statistics has more than once been emphasized; a uniform and comprehensive system of morbidity reports is not only extremely desirable but, indeed, essential for obtaining that knowledge of disease prevalence without which the sanitary officer is helpless in the face of threatening or actual epidemics. These things, I say, are all extremely desirable, and it is hoped that some way may be devised to get them, but they can not be realized by the action of the Federal Government alone; the cooperation of the States is vital, for under our Constitution the power to act and do in such matters has been reserved to the States.

While, as I say, there are things that the Federal Government can not do, for the very good and sufficient reason that I have mentioned, there are, nevertheless, many things that the Federal Government can and does do. It can and does act in sanitary matters relating to interstate commerce—indeed, it is within this broad sphere that the Federal Government most freely and effectively exercises sanitary functions. Through the Bureau of Chemistry of the Department of Agriculture it enforces requirements as to purity and strength of foods and drugs. Through its Bureau of Public Health it operates in various ways to prevent the spread of disease from one State to another.

It is not to be understood, however, that the Government's public-health activities are limited to those relating to interstate commerce. The Federal Government can and does exercise functions having important public health bearings that have no direct relation to interstate commerce, but they are functions that do not encroach on the sphere reserved to the States. Through its Bureau of Public Health it collects and publishes information relating to disease and disease prevalence, and in the Hygienic Laboratory of this bureau it makes investigations into the nature, causes, modes of propagation, and prevention of disease. As recent examples of such studies, there may be cited those on typhoid fever, uncinariasis, measles, poliomyelitis, and methods of standardizing disinfectants. The results of such studies are published and made available for the benefit of all.

The insistent demand that the Federal Government do more than it is doing in the study of the cause and means of prevention of disease has pervaded the recent agitation for a Federal department of health. Without in the least minimizing the desirability and, indeed, the necessity of greater Federal activity in this, as well as in other respects, the important fact must nevertheless be noted that the existence of the vast body of knowledge already available, and to which the Government is making no mean contribution as it is, appears to have been largely overlooked, at least so far as may be judged by the extent to which it has been practically applied. It is important that we awake to the realization and appreciation that sanitation in our country is suffering nearly if not quite as much from the inadequate or lack of application of what we already know as from the need of knowing more than we do.

Allen¹ puts it more strongly and goes further, though perhaps a little too much so, when he says that—

Utilization of health knowledge already known requires attention now more than the discovery of facts heretofore concealed. With almost negligible exceptions we can stamp out diseases common to man without knowing one more fact regarding medicine. The great problem of the next few years is to show medical men themselves and philanthropists who like to give money for training medical men and medical research that the supreme need is for administrative use of medical knowledge already in hand.

Within the sphere reserved to the States the Government can exercise no functions except at the request of the State. This is a wide field with many pressing and complex problems, and, although the Federal Government can not enter of its own initiative, it is always ready and willing to help the States and local communities to solve these problems when they evince a desire for its help.

Having thus briefly outlined the field within which the public-health functions of the Government are circumscribed, and having in very general terms indicated the character of the functions which it does or may exercise, I wish now to outline the way in which the Government through its Public Health Service can help to eradicate the preventable diseases in Kentucky.

Morbidity reports.—The first step in the eradication of preventable diseases is to know of their prevalence, hence it is extremely important that there be provided some means of obtaining and distributing this information. In the nature of the case the reports of sickness must in the first instance come from the local communities, and machinery must be provided to give the State this information. But the State is not an isolated unit; it must know not only what is going on within its own borders, but also within those at least of its immediate neighbors. This information the United States Public Health Service attempts to supply through its weekly publication, the Public Health Reports. Unfortunately, for reasons already given, the information published is only what the individual communities, the States, are willing and able to furnish, and in most instances this information is incomplete and imperfect. Indeed, but few States of the Union make any very satisfactory attempt to gather even imperfectly this very important information. The field for improvement in this direction is enormous. The Public Health Service is constantly endeavoring to impress upon the local authorities the very vital importance of extending and perfecting their morbidity reports, which it is ready and anxious to publish for the information of all concerned.

Sanitary survey.—Reports of morbidity give the sanitary officer information with respect to the existence and the degree of prevalence of disease. In order, however, that measures looking to the eradication of preventable sickness may be intelligently planned and the money of the community most advantageously spent, the sanitary officer must know what factor or factors are at work favoring their prevalence and to estimate the relative importance of the various factors involved. His morbidity reports, if they are what they should be, will tell him, for example, where and to what extent typhoid fever, hookworm disease, trachoma, pellagra, etc., are prevailing; but to begin a campaign of eradication against them or any

¹ Allen, William H., health needs and civic action. The Public Health Movement, Philadelphia, 1911, p. 11.

one of them without knowing what the factors are, at least the most important ones, that influence their propagation or prevalence would be, if not entirely futile, certainly very wasteful. To obtain this very necessary information necessitates a sanitary survey of the State. The United States Public Health Service is ready and willing to help the State of Kentucky to do this very important work by detailing experienced officers to cooperate with your State health department, appreciating that the information obtained would have wide applicability throughout our country.

As illustrative of the value of a sanitary survey, I would call very special attention to the important work undertaken by your State board of health under Dr. A. T. McCormack in connection with hookworm disease in rural districts in its relation to the records of deaths from tuberculosis and other disease reported from certain localities. His data seem to indicate that the high death rate from tuberculosis is closely related to the intensity of infection with hookworm. It is obvious that by attacking and eradicating hookworm disease there will also be brought about a reduction in the deaths from tuberculosis. It is an excellent illustration of intelligent campaigning against disease.

The information obtained by a State-wide survey is to be utilized, of course, in planning further work. But this is not all. It should be utilized also for the education of the people, to show them the sanitary needs of the State and for the information of legislators, to show why the appropriations asked for are needed and should be granted.

Having determined the sanitary needs of the State, the most important, the most pressing problem or problems should be given immediate attention. Whatever this may be, whether it is tuberculosis, typhoid fever, trachoma, hookworm disease, or pellagra (and no doubt your board of health already has very definite views on this subject), a careful investigation will be needed to determine as definitely as possible what the special factors are, if any, that favor the prevalence of one or other or all of these diseases. Here again the United States Public Health Service is prepared to help by loaning to the State experienced men to aid in doing the work just as it recently did in detailing an officer to make a study of the prevalence of trachoma in a certain section of your State.

Many, if not all, of Kentucky's sanitary problems are also the problems of the other States of the Union. Some of these, such as those of typhoid fever, infantile paralysis, pellagra, trachoma, hookworm disease, stream pollution, and pure milk, have for that reason already been, or are at this very time, the subject of intensive study and investigation by the United States Public Health Service, and the information obtained has been published or will be published and thus made available in the work of your State sanitary department.

Hygienic Laboratory.—Besides such help as I have already indicated the Public Health Service is prepared to give aid in the eradication of disease from Kentucky by placing at the disposal of the State the facilities of its Hygienic Laboratory. The Hygienic Laboratory in Washington is open to any representative of your health department who may wish to avail himself of its facilities in carrying out any research relating to any sanitary problem of the State. It is also ready and willing to be used as it already has been used to aid the

State laboratory in the examination of excreta and other pathological materials.

The laboratory is also open to any health officer of this State, as of the other States, who may desire instruction in the newer methods of laboratory diagnosis. Such instruction may be had on request and tends not only to increase the efficiency of the officer who avails himself of the privilege, but also, through the opportunity for intimate contact with his colleagues of the Federal service, to bring about a better and more helpful understanding of each other's aspirations and needs, and thus develops a more helpful spirit of cooperation for service in the common cause.

It is to be regretted that but few men have so far found it convenient to avail themselves of this privilege. It is only fair to say, however, that this is not altogether their fault. As a general thing the tenure of service of county and municipal health officers throughout our country is not such as to offer them any inducement to improve their usefulness to the community employing them. The surprising thing indeed is that one finds so many earnest, conscientious men willing to serve their communities in these positions. All thoughtful observers recognize that the crying need in this country is for the well-paid, well-trained, full-time health officer, particularly the county health officer.

These in brief are some of the more important ways in which the United States Public Health Service can help in the eradication of the preventable diseases in Kentucky. The service is ready to help your health board in this great work. Its willingness is unlimited, and the amount of aid which it is able to render is circumscribed only by the limits of its available personnel and resources.